

Adaptive Learn-To-Skate Summer Session 2021

Registration Form

*Our Learn-To-Skate Program will help you build confidence and teach you the FUN-damentals of skating.
"Special Needs Learn-To-Skate" is open to kids 5 years old of age and older and all ability levels!*

Classes are 30 Minutes in length and are offered in a 5-week summer session. Each student also receives FREE skate rental for the duration of the session, a USFSA Skills Record Book & a patch for each level passed.

Cost: \$45 per 6-week summer session. Includes Skate Rental for all classes & 30 min freeskate practice immediately following the group class including siblings of the enrolled kids for only \$1 including skate rental! They need to check in at the front desk before they get on the ice.

Benefits of the Adaptive Class:

- One of the best activities for kids when it comes to building strength, coordination and balance.
- For children looking to enhance their gross motor skills and for developing their proprioception because of the natural "cross body motion".

Tue 6/8-7/13

2:15pm – 2:45pm

Adaptive Needs Group Class

2:45pm – 3:15pm

Freeskate Practice

Beginners:

FIRST DAY OF CLASS:

GLOVES!

Long Pants

Jacket or Sweatshirt

Long Socks

A helmet (if desired)

- ❖ ***Please arrive at least 20 minutes early on the first day to ensure that the registration process runs smoothly and you allow yourself enough time to find the proper size and fitting for your skates.***

- ❖ **For more information please call 778-6360, 778-6300, or email kakovar@co.weber.ut.us**

PLEASE CUT OFF THE BOTTOM PORTION OF THIS FORM AND RETURN IT TO THE ICE SHEET FRONT DESK WITH FULL PAYMENT BEFORE THE 1ST DAY OF CLASSES.
*PLEASE RECORD THE DAY AND TIME OF YOUR PREFERRED CLASS AND KEEP THE TOP PORTION OF THIS FORM FOR YOUR RECORDS.

Name: _____ **Age:** _____ **School:** _____

Parent/Emergency Contact: _____

Phone: _____ **Email:** _____

Address: _____ **City:** _____ **Zip:** _____

CLASS PREFERENCE: *(Please specify your preference based on the offered classes above.)*

DAY: Tuesday

LEVEL: _____

Learn-To-Skate Participation Agreement.

I, _____ (print name), hereby agree to the following conditions:

- ❖ Refunds will NOT be given after the first day of class. (Please consult the Office Manager.)
- ❖ Classes may be combined at the discretion of The Ice Sheet.
- ❖ I will not hold The Ice Sheet, or any its affiliates, staff, volunteers, and/or coaches liable for mine or my child's injury while participating in the Learn-To-Skate program.
- ❖ I understand that I will not be enrolled in classes until my payment is received IN FULL.
- ❖ I understand that my registration may be deferred to the next session if the requested class is at capacity.
- ❖ I understand that due to the nature of the Learn-To-Skate program, I CANNOT request a specific coach.

Signature _____

Date _____